



# LOS ANGELES COUNTY COMMISSION ON HIV

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*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## COMMISSION ON HIV MEETING MINUTES March 13, 2008

**Approved  
April 10, 2008**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Ruben Acosta	H. Avilez	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Al Ballesteros	Teresa Ayala-Castillo	Kyle Baker
Diana Baumbauer	Eric Daar	Donna Brown	Angela Boger
Anthony Bongiorno/ Manuel Negrete	Michael Johnson	W. Clark Brown	Jennifer Felderman
Carrie Broadus	Quentin O'Brien	Jim Chud	Maxine Franklin
Mario Chavez	Mario Pérez	Azul DeGrasso	Michael Green
Nettie DeAugustine	Peg Taylor	Lisa Fisher	Yvette Jones
Whitney Engeran	Fariba Younai	Charles Hatcher	Min Khe
William Fuentes		Miki Jackson	John Mesta
Douglas Frye		Christine Kim	Cynthia Mungula
David Giugni	<b>COMMISSION STAFF/CONSULTANTS</b>	Sherry Larkins	Pamela Ogata
Jeffrey Goodman/ Sharon Chamberlain		Gabriela Leon	Mary Orticke
Joanne Granai	Virginia Bonila	Haydee Martinez	David Pieribone
Richard Hamilton	Carolyn Echols-Watson	Richard Mathias	Shobita Rajagopalan
Jan King	Jane Nachazel	Melissa Nuestra	Sophia Rumanes
Lee Kochems	Glenda Pinney	Trip Oldfield	Michael Squires
Brad Land	Doris Reed	Mark Parra	Carlos Vega-Matos
Ted Liso	James Stewart	Jane Price	Lanet Williams
Anna Long	Craig Vincent-Jones	Mike Raule	Juhua Wu
Ruel Nollado	Nicole Werner	Daniel Rivas	Dave Young
Everardo Orozco		Jill Rotenberg	
Dean Page		Silvia Sandhu	
Angélica Palmeros		Ron Snyder	
Natalie Sanchez		Tania Trillo	
James Skinner		Walter Ward	
James Smith		Elaine Williams	
Chris Villa		Tim Young	
Kathy Watt			

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:20 a.m.
  - Roll Call (Present):** Baumbauer, Braswell, Bongiorno, Chavez, Fuentes, Goodman, Granai, Hamilton, King, Kochems, Liso, Long, Orozco, Page, Palmeros, Sanchez, Skinner, Watt
- APPROVAL OF AGENDA:**
  - MOTION #1:** Approve the Agenda Order, as amended (*Passed by Consensus*).

## Commission on HIV Meeting Minutes

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### 3. APPROVAL OF MEETING MINUTES:

**MOTION #2:** Approve the minutes from the February 14, 2008 Commission on HIV meeting (*Passed by Consensus*).

### 4. CONSENT CALENDAR:

- Motion 10, AB 1894, Public Health: HIV/AIDS Testing: Prison Inmates, was pulled by Mr. Snyder.
- Motion 13, AB 2654, Discrimination, was pulled by Mr. Vincent-Jones.
- Motion 14, AB 2660, Condoms in the Adult Film Industry, was pulled by Mr. Goodman.
- Motion 16, AB 2899, Sexually Transmitted Diseases: HIV/AIDS: Counseling was pulled by Ms. Watt.
- Dr. Long abstained on Motions 4 through 28.

**MOTION #3:** Approve the Consent Calendar, as revised (*Passed by Consensus*).

### 5. PARLIAMENTARY TRAINING: Mr. Stewart had no comments.

### 6. PUBLIC COMMENT, NON-AGENDIZED: Ms. Rotenberg said the 2008 Los Angeles Women's HIV Treatment Summit would be April 18<sup>th</sup> at the California Endowment. Providers and clients were welcome. Flyers and posters were at the table.

### 7. COMMISSION COMMENT, NON-AGENDIZED:

- Mr. Goodman expressed concern about a HRSA Ryan White-funded emergency and transitional housing amendment to take effect March 27<sup>th</sup>. It would place a 24-month lifetime cap on accessing the residential services regardless of circumstances. He indicated that there was some Congressional sign-on opposition letters that the Commission could support. APLA, the National AIDS Housing Coalition, AIDS Action, and CHAMP were among those in opposition.
- Mr. Vincent-Jones said the proposal had been out for public comment two years and received virtually universal disapproval, but HRSA was implementing it anyway. The County had already expressed their opposition. He added that the initial impetus was based on Ryan White funds being transitional and originally included a six-month per access limit. While the six-month limit was dropped, 24 months still seemed restrictive over a lifetime.
- Mr. Hamilton noted that people were living longer even as homelessness increased. He noted he had been in the system for about 12 years and used 14 months in the first few years which would leave little time if the need arose again.
- Mr. Stewart ruled that a motion could be voted, even though it was not on the agenda, because it was an emergency matter.

**MOTION #3A (Goodman/Land):** The Commission, in cooperation with OAPP, urge the County to write a letter to Secretary Levitt opposing implementation of Housing Policy Notice 099-02, Amendment #1 (*Passed: 21 Ayes; 2 Opposed; 1 Abstention*).

### 8. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no comments.

### 9. CO-CHAIRS' REPORT: Mr. Braswell thanked all for accepting the day-long meeting to address the heavy workload.

### 10. EXECUTIVE DIRECTOR'S REPORT:

- Mr. Vincent-Jones called attention to the Economic Interest forms at the resource table. Staff had filled out the forms to the extent possible. They needed to be completed promptly.
- He announced that Gilbert Varela had resigned from the Commission due to conflict with a new position.
- He noted that staff would not be sending out any further Sexual Harassment training reminders given how many times they have notified Commissioners. Anyone who needed information about possible training opportunities before the July deadline should contact Ms. Bonila.
- He congratulated Ms. Bonila on her new position with the CEO. She came to the Commission within weeks of its separation from OAPP, he said, and had been a major reason for the quantity and quality of staff work. Mr. Vincent-Jones thanked her for her dedication in staying through the early formative period.

### 11. STATE OFFICE OF AIDS REPORT: The report was postponed.

### 12. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:

#### A. DMH: Co-Occurring Disorders and HIV Staff:

- Mr. Parra's PowerPoint presentation, he noted, was one of two DMH presentations that were part of an effort to better coordinate with other departments. The second presentation would be in April.
- Mr. Parra spoke on behalf of the DMH Co-Occurring Disorders (COD) HIV System of Care. DMH expanded the COD model of an integrated approach to substance abuse and mental health to include PWHIV based on client need. DMH worked with OA and OAPP to provide services in SPA's #4, #6, and #8.

- DMH was shifting to a recovery model through the use of Proposition 63, Mental Health Services Act, funds though HIV was not explicitly denoted in the Act. The new model would assist people in maintaining their recovery. Consumers were involved in model development, including the Substance Abuse and Mental Illness (SAMI) grass roots committee. The new model also sought to expand training to foster more than one clinical expert per site.
- DMH was negotiating with OAPP to include a SPA #6 corrections re-entry program for women. It was also collaborating with the Countywide Methamphetamine Work group to develop statistics on this problem. The Latino Faith, HIV, and Culture Conference, hosted by the Wall Las Memorias, prompted suggestions to work more effectively with faith-based supportive services. A targeted training was being developed.
- Mr. Parra indicated that the course itself was free, but was currently held Tuesday afternoons. DMH was looking at other scheduling options to ease clinical staffing issues. Ms. Watt suggested Saturdays, and/or more convenient sites like the ADPA Alhambra office. Mr. Parra encouraged feedback and provided his contact information: [mparra@dmh.lacounty.gov](mailto:mparra@dmh.lacounty.gov), 213.351.6633.
- Dr. Larkins continued with a presentation on the DMH and UCLA Integrated Substance Abuse Program (ISAP). UCLA has one of the largest groups of researchers and trainers nationally in the areas of substance abuse, mental health, and HIV. Training for DMH staff compensated for a lack of educational emphasis on real-world situations. The initial contract has a relatively small budget. The goal was to develop a format for DMH to internalize training later. A key reason to include a psychiatrist module was to address differing view on the usefulness of prescribing medications for drug abusers with the most current pharmacology information.
- Mr. Land asked if funding was a problem, especially for lower-risk clients. Dr. Larkins noted NHSA funds tended to target specialized programs. Instead, a focus on staff training dispersed information to those who see the bulk of clients.
- Ms. Watt said it was important for ADPA to be equally trained to address clients with prescriptions. She felt that with proper training case loads would come down. Dr. Larkins agreed that integrated skills could improve care.
- Ms. Granai asked about the COD/HIV Coordinators. Dr. Larkins said several coordinators had volunteered. Some had not yet been identified. Ms. Broadus recommended linking the COD/HIV Coordinators with the SPN Coordinators. Mr. Parra said infrastructure was being developed. SPA invitations to discuss it were welcome.
- Mr. Goodman asked about the range of substances being addressed. Dr. Larkins replied the needs assessment identified interest in inhalants, pills, and alcohol, in addition to crystal meth. Dr. Larkins provided her contact information: [larkins@ucla.edu](mailto:larkins@ucla.edu).

### 13. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

#### A. Ryan White YR 18 Part A Award:

- Dr. Green reported that HRSA notified OAPP on February 27<sup>th</sup> of an increase of \$689,587 for a total Part A award of \$33,424,586. The application seemed to have ranked in the top five, as it had been ranked for five of the last seven applications.
- OAPP would not be notified about the MAI award until July. It was likely to be about the same or slightly higher.

### 15. STANDING COMMITTEE REPORTS:

#### A. Joint Public Policy (JPP) Committee:

##### 1. *Proposed State Legislation:*

**MOTION #4:** Support AB 272 (HIV Tests) conditionally, with amendments that include increased informed consent education and expand the services to all annual physicals (male and female), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #5:** Support AB 851 (Medi-Cal Eligibility) conditionally, with possible recommendations/conditions to follow at a later date, for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #6:** Support AB 1442 (Clinical Laboratories) conditionally, with possible recommendations/conditions to follow at a later date, for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #7:** Support AB 1461 (Alcohol and Drug Abuse), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #8:** Oppose AB 1587 (Personal Information: Pharmacy), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #9:** Support AB 1894 (HIV Testing), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

- Mr. Snyder had earlier reported the concern that, while the AB 1984 was voluntary, people were interpreting legislative language to justify obligatory implementation. He had requested it be referred back to JPP. Dr. Frye

commented that a study in Georgia found 94% of PWHIV in prison were HIV+ on entering. He felt the bill did nothing to protect people in prison and pitted people against each other who should be on the same side.

- Mr. Engeran reported JPP had discussed those concerns and felt this was a good first step. Mr. Vincent-Jones said the bill was not urgent. It would go to committee in April or May.

**MOTION #10A (Granai/Braswell):** Refer AB 1984 (Public Health: HIV Testing: Prison Inmates) back to JPP for further study (*Failed: 2 Ayes; 19 Opposed; 2 Abstentions*).

**MOTION #10:** Support AB 1984 (Public Health: HIV Testing: Prison Inmates), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Passed: 21 Ayes; 0 Opposed; 2 Abstentions*).

**MOTION #11:** Support AB 2038 (Persons with Disabilities: Victims of Crime), for recommendation to CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #12:** Oppose AB 2086 (Schools: Parental Notification: Sexual Orientation: Gender Identity), for recommendation to CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

- Mr. Vincent-Jones reported that Mr. Johnson had expressed his concern about the language in AB 2654. He had experienced problems with providers not wanting to provide services due to overly confining language. He requested the bill be referred back to JPP. Mr. Vincent-Jones indicated that the bill would probably not be taken up until April or May.
- Mr. Engeran said existing discrimination law defined protected populations. The bill added the disabled. Mr. Engeran said the JPP reservation was that, while adding "disability," the bill struck "creed."

**MOTION #13A (Engeran/Broadus):** Refer AB 2654 (Discrimination) back to JPP for further study (*Passed by Consensus*).

**MOTION #13:** Support AB 2654 (Discrimination) with reservations about eliminating language that identifies continuing, persisting sources of discrimination, for recommendation to the Human Relations Commission, CEO, BOS and other relevant departments/parties, as appropriate (*Motion 13A Substituted*).

- Mr. Engeran, disclosing that AHF was sponsoring the bill, reported that AB 2660 had not been introduced yet, but that Assemblymember Dymally had agreed to author it, and the current language in AB 2660 would be replaced with the proposed condom usage language. He went on to say that it presented condom use in the adult film industry as a worker safety issue under the Labor Code—just as other workers had to wear protective gear at specific job sites. Ms. Bailey asked if the Labor Commission was involved. Mr. Engeran said they had been contacted. Ms. DeAugustine reported that Statewide STD Controllers and California Council of AIDS Directors supported it.
- Dr. Frye said the genesis of the bill was probably the cluster of HIV cases caused by an HIV+ actor who infected several others. There had been debate about condom use for oral penetration and enforceability. Ms. Granai said prevention promoted risk reduction behaviors like using condoms for any penetration.
- Ms. Granai asked about the use of CGI to eliminate the appearance of a condom in the final product. Mr. Engeran responded that the bill allowed for it, although he felt it sent the wrong message. Mr. Land said he supported the bill with reservations about privacy issues.
- Ms. Granai also asked about the fiscal impact. Mr. Engeran said the gay porn industry had been voluntarily been using condoms for some time successfully. This bill would cover at adult filmmaking. Mr. Vincent-Jones noted that bare-backing had become more common especially in amateur videos that used amateurs. He added that the public health care system carried a financial burden carrying for people who were exposed to HIV/STDs on film sets.

**MOTION #14:** Support AB 2660 [Condoms in the Adult Film Industry (unofficial title)], for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Passed by Consensus*).

**MOTION #15:** Oppose AB 2737 (Communicable Disease: Involuntary Testing), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

- Mr. Engeran, disclosing that AHF was sponsoring the bill, reported that AB 2899 would change counseling and testing requirements to allow people to decline pre-test counseling and require the State to initiate a more time-efficient data collection system. Mr. Engeran said the bill was expected to go before the Assembly Health Committee on April 25<sup>th</sup>.
- Ms. Watt wanted to allow time for the PPC and OAPP prevention staff to weigh in on it. Mr. Kochems said not all JPP structural adjustments had been made yet to ensure PPC participation as a whole. Ms. DeAugustine said the State OA appeared to have reservations as well. They had not taken a position.

**MOTION #16A (Watt/Broadus):** Refer AB 2899 (Sexually Transmitted Diseases: HIV/AIDS: Counseling) back to JPP to allow time for the PPC and other partners to fully review the bill (*Passed by Consensus*).

**MOTION #16:** Support AB 2899 (Sexually Transmitted Diseases: HIV/AIDS: Counseling), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Motion 16A Substituted*).

**MOTION #17:** Support AB 2902 (Public Health Outreach: Community Health Care Workers), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #18:** Support SB 154 (Workers' Compensation: Temporary Disability: Public Safety Personnel), for recommendation to the Sheriff, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #19:** Support SB 349 (Health Care Coverage: Electronic Billing), for recommendation to DHS, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #20:** Support SB 648 (Medi-Cal: Juveniles: Incarceration), for recommendation to the Sheriff, DHS, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #21:** Support SB 1005 (Workers' Compensation: Claim Files: Disclosure), for recommendation to the CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #22:** Support SB 1600 (School Curriculum: Sexual Health Education and HIV/AIDS Prevention Education), for recommendation to the Sheriff, DHS, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #23:** Support SB 1682 (Medi-Cal: Reimbursement Rates), for recommendation to the DHS, DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #24:** Support SB 1738 (Medi-Cal: Frequent Users of Health Care Pilot Program), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

**MOTION #25:** Support SJR 20 (Medical Marijuana), for recommendation to DPH, DHS, CEO, BOS and other relevant departments/parties, as appropriate (*Passed on Consent Calendar*).

2. **Ryan White 2010 Principles:** Mr. Kochems said the Annual Meeting comments had been integrated into the iteration and study groups were continuing to work on implementation.

**MOTION #26:** Approve the Ryan White 2010 Principles, as revised and presented (*Passed on Consent Calendar*).

3. **SB 1184: Infectious Disease Reporting:**

- Mr. Vincent-Jones said that SB 1184 would require full CD4 reporting and was authored by Senator Kuehl, Chair of the Senate Health Committee. The bill was an urgency matter because it would help accumulate case reports by the December 2008 probable deadline for Ryan White formula funding data. It would also help estimate, assess, and address unmet need.
- Dr. Frye noted it would help some counties more than others. Most states already used CD4 testing, but he was unable to find impact data. While it would increase HIV Epi work, it would generate more accurate surveillance. Mr. Chud supported increased surveillance. A long-term survivor, he had not had OI's despite a great physical toll.
- The Commission voted in favor of this bill over a year ago. The first Senate Health Committee hearing was scheduled for March 26<sup>th</sup>. All major health associations appeared to be in support. Mr. Vincent-Jones encouraged letters of support.

4. **Proposed State Budget Reductions:** Mr. Engeran noted there was a summary of proposed cuts, and a flyer for SCHAC advocacy training in the packet. More information was on the APLA website.
5. **Proposed Federal Budget Reductions:** There was a summary for 2009 from the AIDS Action Council in the packet. It was agreed to follow-up on Senator Coburn's proposal for a prevention set aside.
6. **Corrections: Sheriff's/Twin Towers Tour:** Information was in the packet.

## **B. Priorities & Planning (P&P) Committee:**

1. **Financial Reports: OAPP, FY 2006-2007:**

- On the OAPP actual expenditures schedule, Mr. Young noted the Other category generally reflected insurance costs. The largest proportion of OAPP expenditures was in Services and Supplies which included contracts. He added that Public Health separated from DHS in July 2006. The number of zeroes reflected the lack of historical information that would ordinarily be reflected. Next year there would be data to report.
- He elaborated that OAPP received revenue from Part A and B, the CDC, the State, and NCC from the County. The CDC and State grants were on the calendar year. To make schedules comparable with the County's fiscal year, Mr. Young took figures from July to December 2006, and January to June, 2007. Miscellaneous Revenue referred to overpayment of contracts based on contractor cost reports. Regarding the County OAPP Budget Schedules, Mr. Young indicated that the difference between the County Budget and OAPP expenditures was NCC.
- Mr. Young continued that NCC funds were used for services and other costs. After YR 16, NCC was used for the five-month funding gap when MAI shifted to its new grant cycle. It was also used for Language Services, Legal and Permanency Planning, and some Program Support services. NCC was used to meet expenses for other grant programs when their administrative caps have been expended. Ordinarily, NCC was \$15,901,000. A one-time increase was received for this year from DPH of \$1million based on surplus funds. The CEO allocated \$836,000 in Provisional Use Funds (PUF) due to the MAI funding gap.

- Mr. Engeran asked about fluidity of NCC and how it related to Commission allocations. Mr. Young said some was pre-allocated by contract, but other funds were shifted as, for example, other grants reached administrative caps or to maintain service categories that lost grant funding.
- Mr. Skinner asked if underspent NCC funds resulted in reduced future allocations. Mr. Young replied that circumstances were always taken into account, for example, underspending might be due to a vacancy. Ms. Broadus noted that providers may have expended funds, but have no time to do budget modifications should OAPP identify an overpayment on its cost report. She recommended the process incorporate that option.
- Service Provider Network (SPN) expenditures were allocated among several schedules. The Intra-Fund Transfer referred to Center for Substance Abuse Treatment and Prevention funds from ADPA. The Center for Substance Abuse Treatment and Prevention (CSAT/CSAP) funds come from the Federal Department of Alcohol and Drugs, but were passed through from the State based on expenditures. The ADAP figure was only for administration, enrollment, and social marketing costs, not actual drugs.
- Ms. Broadus asked if state dollars could be shifted among over- and under-spent categories. Mr. Young replied that OAPP was trying to negotiate with the State for permission to do that within the State Master Agreement, but is prohibited from doing it now.
- Ms. Broadus asked about the application process for the State Master Grant Agreement. Dr. Green replied that the State considered ongoing reports on existing programs as "continuing applications." If a new program were to be announced, that would be a separate process. The State determined programs and was currently reviewing them. Dr. Green noted that historically the State contracted with specific contractors. OAPP had been working over time to bring all contracting through OAPP to reduce administration and increase integration.
- Mr. Vincent-Jones noted the reports met the February 2006 Board motion requirements. P&P worked with OAPP to ensure useful reports and an in-depth presentation for this first year. Future annual reports could be briefer. He added that, as the new monthly spread sheets were reviewed over the coming year, it would become clearer how monthly expenditures resulted in next year's annual reports.
- ➡ In response to a request, OAPP agreed to provide further information on Peer-Based Prevention.
- ➡ It was agreed to acknowledge to the Board that the reports had been received.

**MOTION #27:** Accept and file the FY 2006-2007 Financial Reports, as presented (*Passed on Consent Calendar*).

2. **Monthly Expenditure Reports, YR 17:** Mr. Young noted the new report format showed all funding sources for each service category. Mr. Vincent-Jones said some spreadsheet headings were changed at the last minute. Key headings were accurate. He continued that the Commission was charged legislatively to monitor expenditures consistent with allocations.

**C. Standards of Care (SOC) Committee:**

1. **Proposed Standards of Care Revisions:** A memo and Ms. Palmeros's presentation were included the packet.

**D. Operations Committee:**

1. **Commission Member Nominations:**

**MOTION #28:** Approve the nomination of Richard Hamilton to the SPA #6 provider representative seat, James Skinner to the SPA #6 consumer representative seat, and Dean Page to the SPA #3 consumer representative seat, and forward to the Board of Supervisors for appointment (*Passed on Consent Calendar*).

2. **Consumer Caucus:** Mr. Vincent-Jones noted the Caucus meeting that usually follows the Commission meeting would be rescheduled due to the all-day Commission meeting.

**17. HIV EPIDEMIOLOGY PROGRAM REPORT:**

**A. LAC HIV Epidemiological Profile:**

- Dr. Frye presented the annual epidemiology profile reflecting data through June 2007. He noted slightly increased females diagnosed with HIV from 14% to 15% and increased No Reported Risk (NRR). Diagnoses had increased among Latinos and decreased among Whites with other ethnicities remaining about the same. HIV diagnoses had also increased from 22% to 31% among those 40+ years old. The County AIDS rate of 12 per 100,000 was at the national median compared with 128 per 100,000 in Washington, DC. The County remained about 5% of the U.S. epidemic and about 35% of the California epidemic.
- AIDS deaths had decreased, but the population living with AIDS had increased and twice that number lived with HIV. The age of AIDS diagnosis remained in the 30s, but the majority of PWAs were now in the 40s with many in the 50s. AIDS diagnoses were decreasing across races/ethnicities. The Asian/Pacific Islander rate had decreased from 20 to 10 per 100,000. The rate for Male Native American/American Indians appeared second highest after that of Blacks, but the small number of cases prohibited calculating a valid rate.

- Women's rates were also too small to be stable, but the disparity between Blacks and others was significant. Latinos overall had a high number of AIDS cases, but were lower by rate of the population. It was estimated there were about two PWHIV for each PWA.
- NRR was 14% among living PWA, but 24% among 2006 diagnoses. MSM diagnoses appeared to decrease concurrently. NRR was redistributed based on a CDC formula adjusted with some past redistribution data to calculate the mode of exposure for PWA. MSM was the exposure risk for about 89% of Males while Heterosexual Contact was the exposure risk for about 67% of Females. Some studies indicated that some Female IDUs may have been infected through Heterosexual Contact. That appeared to be a West Coast phenomenon as compared to the East Coast where IDU transmission was more common.
- A new CDC formula was expected by the end of the year. A new database reporting system using capture/recapture was rolling out that would improve many aspects of reporting. The County benefited by receiving it later so that glitches could be worked out and names reporting would not be interrupted before the end of the year.
- About 12,000 AIDS and non-AIDS named cases have been reported since 2006. Hollywood, the area around men's Central Jail, and Long Beach remained the epicenters in Los Angeles County. Ms. DeAugustine complimented HIV Epi. Los Angeles and Long Beach were reporting some 40% of state name-based cases. Some areas had not reported any.
- Ms. Granai asked about compensation for potentially higher numbers due to greater testing resources for a population. Dr. Frye responded that reducing stigma and shame was the most effective way to address both that, NRR, and even access because some people will seek care outside their neighborhoods. The data can only point to issues that require more study. Dr. Frye noted that information requests could be made by phone or email and were answered within two weeks.
- Mr. Hamilton said in presentations he has been challenged that the numbers seemed too high. Dr. Frye replied it was important to explain the numbers, for example, 46% of Male Black MSM was different than 46% of Black Males. He added that reliable trends needed three years of data, so could not yet be generated from HIV reporting. Local data should be used since national trends differed; for example, Black, Male, MSM, 18 to 29 year old prevalence was 37%. Such data should not be used to argue for funding since, for example, Baltimore has a higher prevalence among Blacks.
- Mr. Engeran asked if the new Prevention Plan would require any surveillance changes. Dr. Frye replied they were able to do more with unmet need because of HIV reporting. Trista Bingham worked closely with the PPC and was more familiar with how the data categories were updated to address changes in focus from behavior to geography and other things.
- Mr. Kochems asked if the new Prevention Plan categories, for example, MSM would be identified as both gay- and non-gay-identified men. Dr. Frye said data was collected per CDC and State mandates. There were some local fields, but data was poor. Studies were often used for supplemental data. Federal funding had been discontinued for the 14-year Supplemental HIV/AIDS Survey (SHAS) and the Longitudinal Adult/Adolescent Spectrum of Disease. A random population-based study, Medical Monitoring Project, incorporated both, but had just begun. Small studies with the Institute for Community Health could also help answer such questions.
- Mr. Vincent-Jones asked if the extra State funds had been received. Dr. Frye said they had not. HIV Epi was proceeding with work and would use funds retroactively to pay back the general fund. The net result would be a slight case reporting expansion, but no new staff. Mr. Vincent-Jones said the Commission should advocate for expediting the funding if needed.

**18. PREVENTION PLANNING COMMITTEE (PPC) REPORT:** Mr. Giugni reported that the PPC met the previous Thursday. There has been presentations from The Wall las Memorias and Palms Residential, both faith-based programs serving the African-American and Latino communities. There was a report from CDC directly funded programs including the AHF, Wellness Center; Altamed; Tarzana Treatment Center; JWCH; and two programs at Bienestar. OAPP staff reported on funds from Supervisor Yaroslavsky's Office dedicated to crystal meth prevention and treatment.

**A. Prevention Plan: 2008 - 2010:**

- Ms. Rumanes, OAPP, Chief, Preventive Services Division, and PPC Governmental Co-Chair, indicated that Prevention Plan was available on the OAPP website. Copies were also available at the meeting. The CDC mandated a Community Planning Group (CPG) in directly funded areas. The PPC served that role for Los Angeles, one of seven non-state jurisdictions. It was decided to create a five-year plan since the CDC planned to extend the cooperative agreement to 2010. The Plan, as a living document, could be revised if the guidance for the new cooperative agreement was notably different.
- Dr. Green said 40 to 50 people consistently participated in the process. About 250 hours were contributed per volunteer. Mr. Liso noted that he had participated. PPWG meeting attendance was about 60% PWH/A and 50% women. He commented that the map of internet risk behavior appeared to be missing from the hard copies.
- The Prevention Plan Work Group (PPWG) prioritized populations much like the P&P prioritized allocations. The previous Prevention Plan was based largely on the Behavioral Risk Group Model. The new Plan was a hybrid. Data was



weighted based on availability, completeness, reliability, and its importance to transmission. Prioritization was then based on the weighted data. Mr. Engeran asked about an allocation formula. Ms. Rumanes said there was no true service category allocation formula like the populations formula. Allocations were developed from discussion, OAPP recommendations, and experience.

- Recommendations were also drawn from the previous Plan's addendum developed by PPC Task Forces and completed about a year prior to initiation of work on the new Plan. Rather than go forward with details of the Plan itself, Ms. Watt said it had been decided it would be more fruitful for people to have the chance to review the packet PowerPoint copies and the Plan copies for a fuller discussion at the Commission's April meeting.
- Ms. Broadus complimented the Plan for expanding focus to more populations at risk. She felt the NRR still skewed data. She also felt that listed co-factors for Women were stereotypical, but was heartened by the reliance on providers to identify populations and choose interventions. Ms. Broadus also asked for participant affiliations.

**19. SPA/DISTRICT REPORTS:**

- **SPA #1:** Ms. Granai reported their meeting had been the previous day. It was decided to develop a consumer referral tool for the new contract period to facilitate and track service access including services that were not HIV-specific. Because there was no CAB, it was also decided to develop a tool to assist consumers in reporting systemic problems to the SPN. The MOU was being revised to enhance consumer involvement and agency accountability. Clarification was needed on how new testing rules pertained to newborns, especially regarding court orders. Ms. DeAugustine replied that regulations were not out yet.
- **SPA #2:** Ms. Sanchez noted the Prevention Plan would be presented at their next meeting on March 27<sup>th</sup>. The DMH SPA #2 Coordinator would also present.
- **SPA #4:** Ms. Rotenberg said the priority- and allocation-setting meeting was in February. The next meeting would be March 20<sup>th</sup> hosted by PATH, new to SPA #4. There would be a Prevention Plan presentation and an in-service by Gail Rutherford.
- **SPA #5:** Ms. Fisher reported that priority- and allocation-setting was presented at the February meeting and the Prevention Plan at the March meeting. There would be a housing resource presentation at the next meeting on April 1<sup>st</sup>. The CAB meeting would be March 18<sup>th</sup> at Common Ground.
- **SPA #6:** Ms. Price reported that priority- and allocation-setting was presented at the February meeting. There was a presentation on mental health at the March meeting. The Prevention Plan would be presented April 8<sup>th</sup>.
- **SPA #7:** Ms. Leon reported they were just beginning their 2008-2009 contract year. The priority- and allocation-setting process was presented at their last meeting. The Prevention Plan would be presented at their March 28<sup>th</sup> meeting.
- **SPA #8:** Ms. Ayala-Castillo said their priority- and allocation-setting process was in February. The Prevention Plan would be presented March 20<sup>th</sup>. The Red Circle Project would also help celebrate Native American AIDS American Month.

**20. TASK FORCE REPORTS:**

- A. **Commission Task Forces:** There were no reports.
- B. **Community Task Forces:** There were no reports.

**21. COMMISSION COMMENT:** There were no additional comments.

**22. ANNOUNCEMENTS:**

- Ms. Broadus announced the 2008 Los Angeles Women's HIV Treatment Summit, developed by women for women, would be April 18<sup>th</sup> at the California Endowment. For more information call 800.554.4876 or email at [letsgetfiredup@gmail.com](mailto:letsgetfiredup@gmail.com).
- Mr. Hamilton said Rev. Charles Lanier was an important influence in his life. He had been missing several weeks and was memorialized March 12<sup>th</sup>. Rev. Lanier, PWA, worked to help other PWAs, and was the Chief Financial Officer, MAP.

**23. ADJOURNMENT:** Mr. Braswell adjourned the meeting at 4:00 p.m. in memory of Reverend Charles Lanier.

- A. **Roll Call (Present):** Bailey, Baumbauer, Bongiorno, Braswell, Broadus, Chavez, DeAugustine, Engeran, Frye, Fuentes, Giugni, Goodman, Granai, Hamilton, Kochems, Land, Liso, Long, Orozco, Page, Palmeros, Sanchez, Skinner, Smith, Villa, Watt



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<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION #1:</b> Approve the Agenda Order, as amended.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #2:</b> Approve the minutes from the February 14, 2008 Commission on HIV meeting.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #3:</b> Approve the Consent Calendar, as revised.	<i>Ayes:</i> Bailey, Baumbauer, Bongiorno, Braswell, Broadus, Chavez, DeAugustine, Engeran, Fuentes, Giugni, Goodman, Granai, Hamilton, Kochems, Land, Liso, Orozco, Page, Palmeros, Sanchez, Skinner, Smith, Villa <i>Opposed:</i> none <i>Abstentions:</i> Long	<b>MOTION PASSED</b>
<b>MOTION #3A (Goodman/Land):</b> The Commission, in cooperation with OAPP, urge the County to write a letter to Secretary Levitt opposing implementation of Housing Policy Notice 099-02, Amendment #1.	<i>Ayes:</i> Bailey, Baumbauer, Bongiorno, Braswell, Chavez, DeAugustine, Engeran, Fuentes, Giugni, Goodman, Granai, Hamilton, Kochems, Land, Liso, Orozco, Page, Palmeros, Sanchez, Smith, Villa <i>Opposed:</i> Broadus, Skinner <i>Abstentions:</i> Long	<b>MOTION PASSED</b> <b>Ayes:</b> 21 <b>Opposed:</b> 2 <b>Abstentions:</b> 1
<b>MOTION #4:</b> Support AB 272 (HIV Tests) conditionally, with amendments that include increased informed consent education and expand the services to all annual physicals (male and female), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<i>Passed on Consent Calendar</i> <i>Abstention:</i> Long	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstentions:</b> 1
<b>MOTION #5:</b> Support AB 851 (Medi-Cal Eligibility) conditionally, with possible recommendations/conditions to follow at a later date, for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<i>Passed on Consent Calendar</i> <i>Abstention:</i> Long	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstentions:</b> 1
<b>MOTION #6:</b> Support AB 1442 (Clinical Laboratories) conditionally, with possible recommendations/conditions to follow at a later date, for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<i>Passed on Consent Calendar</i> <i>Abstention:</i> Long	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstentions:</b> 1
<b>MOTION #7:</b> Support AB 1461 (Alcohol and Drug Abuse), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<i>Passed on Consent Calendar</i> <i>Abstention:</i> Long	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstentions:</b> 1
<b>MOTION #8:</b> Oppose AB 1587 (Personal Information: Pharmacy), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<i>Passed on Consent Calendar</i> <i>Abstention:</i> Long	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstentions:</b> 1
<b>MOTION #9:</b> Support AB 1894 (HIV Testing), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<i>Passed on Consent Calendar</i> <i>Abstention:</i> Long	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstentions:</b> 1
<b>MOTION #10A (Granai/Braswell):</b> Refer AB 1984 (Public Health: HIV Testing: Prison Inmates) back to JPP for further study.	<i>Ayes:</i> Goodman, Liso <i>Opposed:</i> Bailey, Baumbauer, Bongiorno, Braswell, Chavez, DeAugustine, Engeran, Fuentes, Granai, Hamilton, Kochems, Land, Orozco, Page, Palmeros, Sanchez, Skinner, Villa, Smith	<b>MOTION FAILED</b> <b>Ayes:</b> 2 <b>Opposed:</b> 19 <b>Abstentions:</b> 2

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<b>MOTION AND VOTING SUMMARY</b>		
	<b>Abstentions:</b> King, Long	
<b>MOTION #10:</b> Support AB 1984 (Public Health: HIV Testing: Prison Inmates), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<b>Ayes:</b> Bailey, Baumbauer, Bongiorno, Braswell, Chavez, DeAugustine, Engeran, Fuentes, Goodman, Granai, Hamilton, Kochems, Land, Liso, Orozco, Page, Palmeros, Sanchez, Skinner, Villa, Smith <b>Opposed:</b> none <b>Abstentions:</b> King, Long	<b>MOTION PASSED</b> <b>Ayes:</b> 21 <b>Opposed:</b> 0 <b>Abstentions:</b> 2
<b>MOTION #11:</b> Support AB 2038 (Persons with Disabilities: Victims of Crime), for recommendation to CEO, BOS and other relevant departments/parties, as appropriate.	<b>Passed on Consent Calendar</b> <b>Abstention:</b> Long	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstentions:</b> 1
<b>MOTION #12:</b> Oppose AB 2086 (Schools: Parental Notification: Sexual Orientation: Gender Identity), for recommendation to CEO, BOS and other relevant departments/parties, as appropriate.	<b>Passed on Consent Calendar</b> <b>Abstention:</b> Long	<b>MOTION PASSED</b>
<b>MOTION #13A (Engeran/Land):</b> Refer AB 2654 (Discrimination) back to JPP for further study.	<b>Passed by Consensus</b>	<b>MOTION PASSED</b>
<b>MOTION #13:</b> Support AB 2654 (Discrimination) with reservations about eliminating language that identifies continuing, persisting sources of discrimination, for recommendation to the Human Relations Commission, CEO, BOS and other relevant departments/parties, as appropriate.	<b>Motion 13A Substituted</b>	<b>MOTION SUBSTITUTED</b>
<b>MOTION #14:</b> Support AB 2660 [Condoms in the Adult Film Industry (unofficial title)], for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<b>Passed by Consensus</b>	<b>MOTION PASSED</b>
<b>MOTION #15:</b> Oppose AB 2737 (Communicable Disease: Involuntary Testing), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<b>Passed on Consent Calendar</b> <b>Abstention:</b> Long	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstention:</b> 1
<b>MOTION #16A (Watt/Broadus):</b> Refer AB 2899 (Sexually Transmitted Diseases: HIV/AIDS: Counseling) back to JPP to allow time for the PPC and other partners to fully review the bill.	<b>Passed by Consensus</b>	<b>MOTION PASSED</b>
<b>MOTION #16:</b> Support AB 2899 (Sexually Transmitted Diseases: HIV/AIDS: Counseling), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<b>Motion 16A Substituted</b>	<b>MOTION SUBSTITUTED</b>
<b>MOTION #17:</b> Support AB 2902 (Public Health Outreach: Community Health Care Workers), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<b>Passed on Consent Calendar</b> <b>Abstention:</b> Long	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstention:</b> 1
<b>MOTION #18:</b> Support SB 154 (Workers' Compensation: Temporary Disability: Public Safety Personnel), for recommendation to the Sheriff, CEO, BOS and other relevant departments/parties, as appropriate.	<b>Passed on Consent Calendar</b> <b>Abstention:</b> Long	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstention:</b> 1
<b>MOTION #19:</b> Support SB 349 (Health Care Coverage: Electronic Billing), for recommendation to DHS, CEO, BOS and other relevant departments/parties, as appropriate.	<b>Passed on Consent Calendar</b> <b>Abstention:</b> Long	<b>MOTION PASSED</b> <b>Ayes:</b> 23 <b>Opposed:</b> 0 <b>Abstention:</b> 1

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<b>MOTION #20:</b> Support SB 648 (Medi-Cal: Juveniles: Incarceration), for recommendation to the Sheriff, DHS, CEO, BOS and other relevant departments/parties, as appropriate.	<i>Passed on Consent Calendar</i> <i>Abstention: Long</i>	<b>MOTION PASSED</b> <b>Ayes: 23</b> <b>Opposed: 0</b> <b>Abstention: 1</b>
<b>MOTION #21:</b> Support SB 1005 (Workers' Compensation: Claim Files: Disclosure), for recommendation to the CEO, BOS and other relevant departments/parties, as appropriate.	<i>Passed on Consent Calendar</i> <i>Abstention: Long</i>	<b>MOTION PASSED</b> <b>Ayes: 23</b> <b>Opposed: 0</b> <b>Abstention: 1</b>
<b>MOTION #22:</b> Support SB 1600 (School Curriculum: Sexual Health Education and HIV/AIDS Prevention Education), for recommendation to the Sheriff, DHS, CEO, BOS and other relevant departments/parties, as appropriate.	<i>Passed on Consent Calendar</i> <i>Abstention: Long</i>	<b>MOTION PASSED</b> <b>Ayes: 23</b> <b>Opposed: 0</b> <b>Abstention: 1</b>
<b>MOTION #23:</b> Support SB 1682 (Medi-Cal: Reimbursement Rates), for recommendation to the DHS, DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<i>Passed on Consent Calendar</i> <i>Abstention: Long</i>	<b>MOTION PASSED</b> <b>Ayes: 23</b> <b>Opposed: 0</b> <b>Abstention: 1</b>
<b>MOTION #24:</b> Support SB 1738 (Medi-Cal: Frequent Users of Health Care Pilot Program), for recommendation to DPH, CEO, BOS and other relevant departments/parties, as appropriate.	<i>Passed on Consent Calendar</i> <i>Abstention: Long</i>	<b>MOTION PASSED</b> <b>Ayes: 23</b> <b>Opposed: 0</b> <b>Abstention: 1</b>
<b>MOTION #25:</b> Support SJR 20 (Medical Marijuana), for recommendation to DPH, DHS, CEO, BOS and other relevant departments/parties, as appropriate.	<i>Passed on Consent Calendar</i> <i>Abstention: Long</i>	<b>MOTION PASSED</b> <b>Ayes: 23</b> <b>Opposed: 0</b> <b>Abstention: 1</b>
<b>MOTION #26:</b> Approve the Ryan White 2010 Principles, as revised and presented.	<i>Passed on Consent Calendar</i> <i>Abstention: Long</i>	<b>MOTION PASSED</b> <b>Ayes: 23</b> <b>Opposed: 0</b> <b>Abstention: 1</b>
<b>MOTION #27:</b> Accept and file the FY 2006-2007 Financial Reports, as presented.	<i>Passed on Consent Calendar</i> <i>Abstention: Long</i>	<b>MOTION PASSED</b> <b>Ayes: 23</b> <b>Opposed: 0</b> <b>Abstention: 1</b>
<b>MOTION #28:</b> Approve the nomination of Richard Hamilton to the SPA #6 provider representative seat, James Skinner to the SPA #6 consumer representative seat, and Dean Page to the SPA #3 consumer representative seat, and forward to the Board of Supervisors for appointment.	<i>Passed on Consent Calendar</i> <i>Abstention: Long</i>	<b>MOTION PASSED</b> <b>Ayes: 23</b> <b>Opposed: 0</b> <b>Abstention: 1</b>